## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

Beth Innis Auditor – Williams County 206 E. Broadway Williston, ND 58801 Cert. No. 7020 1810 0000 0893 9875 Case No. PU-21-353



9590 9402 6611 1028 1239 79

<sup>2</sup>. 7020 1810 0000 0893 9875

## Pu-21-353

	COMPLETE THIS SECTION ON DELIVERY	
	A. Signature X	Agent Addressee
	B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1?		
	3., Service Type   Adult Signature   Adult Signature Restricted Delivery   Gertified Mail@	□ Priority Mail Express®     □ Registered Mail™     □ Registered Mail Restrictered Delivery     □ Signature Confirmation™     □ Signature Confirmation Restricted Delivery

USPS TRACKING#

15 PU-21-353

Filed: 8/27/2021

Pages: 2

Return receipt



United States Postal Service

9590 9402 6611 1028 1239 79

United States Postal Service Sender: Please print your name, address, and ZIP+4® in this box

RECEIVE

ND Public Service Commission Attn: Public Utilities Division 600 E. Boulevard Ave. Dept. 408 Bismarck, ND 58505-0480

AUG 27 202

NORTH DAKOTA
PUBLIC SERVICE COMMISSIONER